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MAY 22 2006

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**IMPORTANT NOTICE**  
**TELECOPY/FACSIMILE COVER LETTER**

TO: U.S. Patent and Trademark Office  
Examiner: Phylesha Larvinla Dabney  
Art Unit: 2646

DATE: May 22, 2006

FROM: Troy M. Schmelzer

TIME:

TOTAL NO. OF PAGES, INCLUDING COVER: 12

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**MESSAGE:**

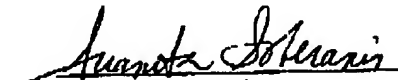
Patent Application No.: 10/656,615; Our Ref. 89296.0055

I hereby certify that the following documents:

- ☒ Amendment/Amendment Transmittal Letter.
- ☒ Petition for (2-mo) Extension of Time.

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

May 22, 2006  
Date of Deposit

  
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TELE COPY/FAX NUMBER: (571) 273-8300 ART UNIT 2646

CLIENT NUMBER: 89296.0055

ATTORNEY BILLING NUMBER: 73212

CONFIRMATION NUMBER: (571) 272-7494 Return fax to Juanita Soberanis

FORM PTO-1083

Attorney Docket No. 89296.0055

Customer No. 26021

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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MAY 22 2006

In re application of:

Frank Steins

Serial No: 10/656,615

Confirmation No: 8018

Filed: September 5, 2003

For: Cone Forward Loudspeaker Assembly

Art Unit: 2646

Examiner: Dabney, Phylesha Larvinia

I hereby certify that this correspondence  
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Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450 on

May 22, 2006

Date of Deposit

Juanita Soberanis

Name

Signature 5/22/2006

Signature

Date

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Petition for (2-mo) Extension of Time.  
☒ Amendment.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM 3 ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	23	-	23	**	LG=\$60 SM=\$25	\$50
INDEPENDENT CLAIMS FEE	5	-	5	***	LG=\$200 SM=\$100	\$200
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)						\$250 FOR EACH ADDITIONAL 50 SHEETS
Independent Claim(s): 1, 6, 8, 14 and 19						TOTAL
						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$\_\_\_ to cover the additional claims fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Please charge the amount of \$450 to cover the two-month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

By:

Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)

Date: May 22, 2006

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